



Authority: 1978 PA 368

Section of Form to be Completed by Applicant:

Remainder of Form to be Completed by the Director of Medical Education

CERTIFICATION AND SIGNATURE

_____ beginning _____ and ending _____,
(Month/Day/Year) (Month/Day/Year)

The applicant is appointed to the following position: Teaching Research

I further certify that the above-named academic institution meets all of the following requirements:

1. Was the sole sponsor or a co-sponsor, if each other co-sponsor is either a medical school approved by the board or a hospital owned by the federal government and directly operated by the United States department of veterans' affairs, of not less than four postgraduate education residency programs approved by the board under section 17031(1) for not less than the three years immediately preceding the date of an application for a limited license under section 16182(2)(c) or an application for a full license under section 17031(2), provided that at least one of the residency programs is in the specialty area of medical practice, or in a specialty area that includes the subspecialty of medical practice, in which the applicant for a limited license proposes to practice or in which the applicant for a full license has practiced for the hospital.
2. Has spent not less than \$2,000,000.00 for medical education during each of the three years immediately preceding the date of an application for a limited license under section 16182(2)(c) or an application for a full license under section 17031(2). As used in this subparagraph, "medical education" means the education of physicians and candidates for degrees or licenses to become physicians, including, but not limited to, physician staff, residents, interns, and medical students.

Signature of Director of Medical Education

Date _____

Print or Type Name of Director of Medical Education

(Seal) If academic institution has no seal, please indicate.